The Spiritual Assessment Tool found below is one which the client completes on admission to the program. Note that it says that the client will receive a small gift when form returned to the Chaplain. This form has been used successfully with both men and women in residential programs. Small gifts have been dollar store gift bags with socks and toiletries. The creation of such gift bags makes a good ministry project for women's, senior's or youth groups in the local corps and is therefore does not need to be an added expense to the Ministry Unit. When the client returns the form to the Chaplain an opportunity for introductions and follow-up can be made.

 The Salvation Army *ADD NAME OF MINISTRY UNIT HERE*

## Spiritual & Emotional Self-Assessment

### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This self-assessment is based on Four Cs –

**COMING, COPING, COMFORT, COMMUNITY**

This reflection will help our team to serve you better.

Instructions:

* Take your time
* There are no “right” or “wrong” answers
* Check as many descriptors as apply to you now.
* Write additional comments if you want to.
1. **How do you feel about COMING to our Centre?**

|  |  |  |
| --- | --- | --- |
|  o.k. |  anxious |  helpless |
|  at peace |  Angry |  depressed |
|  Hopeful |  why me? |  sad |
|  uninformed/confused |  sense of loss |  betrayed |
|  Lonely |  Fearful |  guilty |

Other Comments:

1. **How are you COPING?**

|  |  |  |
| --- | --- | --- |
| seeking information | avoidance /denial | want counselling |
| just fine |  feeling stressed | searching for life meaning |
| good with support of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | by being close to my children | financial worries |
| no energy | fearful | anxious about my children |
| worried all the time | smoking morewanting drugs or alcohol | not coping well at all |

Other Comments:

  *Please turn over*

1. **What are your sources of COMFORT?**

**(strength, hope & support)**

|  |  |  |
| --- | --- | --- |
| family \_\_\_\_\_\_\_\_\_ | Music | friends |
| nature walks | Hobby | no sources of comfort |
| physical activities | prayer or meditation | cultural traditions |
| self | spirituality or faith | religious practices (scripture, sacraments, rites….) |

Other Comments:

1. **Do you have a faith or spiritual COMMUNITY?**

 **(community of support)**

|  |  |  |
| --- | --- | --- |
| yes | none | had faith community but not now |
| belong to a congregationor religious/spiritual society | loss of faith since abuse and troubles started | hurtful memories of religion |
| have a support group (e.g. A.A) | spiritual but not religious | prefer nature experiences |
|  |  religious and spiritual |  |

Other Comments:

Please feel free to comment on if there are any additional thoughts, feelings or concerns you wish to share with us:

***Upon completion of this form, please make contact with the Chaplain who has a small gift to welcome you to our Centre.***

***Thank you for taking the time to answer these questions.***